



Volunteer Training Plan

Statewide Health Insurance Benefits Advisors **HelpLine** • State of Washington • Office of the Insurance Commissioner

Date: ____ / ____ / ____
month day year

☐ New ☐ Updated

1. Volunteer Information

SHIBA ID Number:	OR	First Name:	Last Name:
County:		Sponsor Organization:	

2. Volunteer Application Checklist

Signed forms sent to OIC (copies in sponsor files)

- | | month | day | year |
|---|-------|------|--------------------|
| <input type="checkbox"/> Volunteer Application: | ____ | ____ | ____ |
| <input type="checkbox"/> Volunteer Resource Record: | ____ | ____ | ____ |
| <input type="checkbox"/> Volunteer Agreement: | ____ | ____ | ____ |
| <input type="checkbox"/> Sponsor orientation completed: | ____ | ____ | ____ |
| <input type="checkbox"/> Scan card number provided: | ____ | ____ | ____ (if required) |
| <input type="checkbox"/> SHIBA Database ID assigned: | ____ | ____ | ____ (if required) |
| <input type="checkbox"/> Buddy/mentor assigned: | ____ | ____ | ____ (if required) |

3. Volunteer Roles (check all that apply)

(See volunteer position descriptions for training requirements.)

- ☐ Administrative, technical, clerical support (administrative, Internet research, data entry, episodic tasks, etc.)
- ☐ Outreach (including health fairs, events, brochure distribution, volunteer recruitment specialist)
- ☐ Community education (community educator, public speaker)
- ☐ Counselor (traditional, specialty counselors, billing, and casework)

4. Core Training (fill in dates when completed)

- | | month | day | year |
|---|-------|------|-------------------------------------|
| <input type="checkbox"/> SHIBA HelpLine New Volunteer Orientation: | ____ | ____ | ____ |
| <input type="checkbox"/> Introduction to Health Insurance – Market and Terms: | ____ | ____ | ____ |
| <input type="checkbox"/> Health Insurance Resources: | ____ | ____ | ____ |
| <input type="checkbox"/> Counseling Skills: | ____ | ____ | ____ (required for counselors only) |

5. Training paths

Counseling – Track One

- | | month | day | year |
|---|-------|-----|---------------|
| <input type="checkbox"/> BHP, CHIP, Medicaid: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Employer Plans and COBRA: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Individual Market and WSHIP: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Billing and Fraud: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Prescription Drugs: | _____ | / | _____ / _____ |

Medicare Part D

- | | month | day | year |
|---|-------|-----|---------------|
| <input type="checkbox"/> Overview of Part D: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Group Counseling: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Individual Counseling: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Gathering Info/Enrollment: | _____ | / | _____ / _____ |

Long-Term Care (LTC)

- | | month | day | year |
|--|-------|-----|---------------|
| <input type="checkbox"/> LTC Basics: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Paying for LTC: | _____ | / | _____ / _____ |
| <input type="checkbox"/> LTC Policies: | _____ | / | _____ / _____ |

Counseling – Track Two

- | | month | day | year |
|--|-------|-----|---------------|
| <input type="checkbox"/> Medicare 101: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Supplementing Medicare: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Prescription Drugs: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Disability: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Billing and Fraud: | _____ | / | _____ / _____ |

Electives

- | | month | day | year |
|---|-------|-----|---------------|
| <input type="checkbox"/> Advanced Casework: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Military/Veterans: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Public Speaking: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Outreach: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Computer Skills: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Other - _____: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Other - _____: | _____ | / | _____ / _____ |
| <input type="checkbox"/> Other - _____: | _____ | / | _____ / _____ |

6. Update Training

- | | Dates attended | | |
|--------------------------------|----------------|-----|---------------|
| | month | day | year |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |

- | | Dates attended | | |
|--------------------------------|----------------|-----|---------------|
| | month | day | year |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |
| <input type="checkbox"/> _____ | _____ | / | _____ / _____ |

7. Comments
